

FILING FEE: \$200.00

**Return to CDI via OASIS or mail original to SF office**

STATE OF CALIFORNIA  
Department of Insurance  
RISK PURCHASING GROUP - ANNUAL RE-REGISTRATION STATEMENT  
(All Information Should Be Typed)

1. Filing Year: \_\_\_\_\_
2. Exact name of the Risk Purchasing Group, including DBA, if used in California:  
\_\_\_\_\_
3.
  - a) The Risk Purchasing Group is domiciled in the state of: \_\_\_\_\_
  - b) Complete physical street address: \_\_\_\_\_  
\_\_\_\_\_
  - c) Mailing address: \_\_\_\_\_
  - d) Telephone number: \_\_\_\_\_
  - e) Facsimile number: \_\_\_\_\_
  - f) Contact Name/E-mail address: \_\_\_\_\_
  - g) FEIN: \_\_\_\_\_
4. Company name, physical address, mailing address, telephone number, facsimile number, and e-mail contact address of the administrative office of the Risk Purchasing Group, if different from responses to Items 2(b)-(f) above.
  - a) Name of Company: \_\_\_\_\_
  - b) Complete physical street address: \_\_\_\_\_  
\_\_\_\_\_
  - c) Mailing address: \_\_\_\_\_
  - d) Telephone number: \_\_\_\_\_
  - e) Facsimile number: \_\_\_\_\_
  - f) Contact Name/E-mail address: \_\_\_\_\_

5. The Risk Purchasing Group purchases the following classifications or sub-classifications of liability insurance (Please include a brief description of the members' common business or activities.):

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6. The Risk Purchasing Group purchases the liability insurance described in Item #4 above from the following insurance company or companies: (Give full name of company, NAIC#, state of domicile, and approximate number of California policyholders on whose behalf the Risk Purchasing Group purchases liability insurance. Attach additional pages, if necessary.)

Name of Insurer	NAIC #	State of Domicile	Number of CA Policyholders

7. The name, address, telephone number, and e-mail address of the person within the Risk Purchasing Group who is most knowledgeable about the Risk Purchasing Group's insurance program, including membership criteria, coverage, and who is considered to be the contact person for the Risk Purchasing Group:

Name	Address	Telephone #	E-mail Address

8. The name, address, telephone number, and e-mail address for the person responsible for managing or administering the insurance program for the Risk Purchasing Group:

Name	Address	Telephone #	E-mail Address

9. List the name(s), address(es), telephone number, and California license number(s) of the licensed insurance agent(s), broker(s), or excess (surplus) line broker(s) responsible for the purchase of liability insurance for the Risk Purchasing Group and its members in California: (Attach additional pages, if necessary.)

Name	Address	Telephone#	California License#

10. During the previous filing year, has any officer of or person transacting business on behalf of this Risk Purchasing Group:

- a) Been arrested, indicted and convicted of a felony or is a felony charge currently pending against any such person? \_\_\_\_\_
- b) Had denied any application for a professional, vocational or business license? \_\_\_\_
- c) Had suspended or revoked any such license? \_\_\_\_\_
- d) Had withdrawn or surrendered any such application or license to avoid potential disciplinary action against licensee? \_\_\_\_\_
- e) Been the subject of regulatory proceedings conducted by any state or federal regulatory agency? \_\_\_\_\_
- f) Within the past 10 years, has any organization of which any officer or director of the Risk Purchasing Group was an officer, director, trustee, managing general agent, or controlling stockholder ever become insolvent, been placed in conservatorship, receivership or liquidation, or ordered to cease and desist doing business in whole or in part, or had its License or Registration suspended, revoked or denied, or voluntarily withdrawn its application? \_\_\_\_\_

If the answer to any part of Question 9 is yes, attach a supplementary statement explaining in full each such occurrence.

If the Risk Purchasing Group has previously filed such a statement, it will not be necessary to do so again. Please refer to the earlier filing and incorporate it by reference.

11. The Risk Purchasing Group is submitting its annual registration renewal fee of \$200.00 payable to the Insurance Commissioner, California Department of Insurance.

12. The Risk Purchasing Group will notify the Insurance Commissioner of material changes in any of the items reported in this form or in its initial registration statement within 30 days of such change.
13. Give the number of California policyholders for each of the two previous filing years.  
Year: \_\_\_\_\_ Number of policyholders: \_\_\_\_\_  
Year: \_\_\_\_\_ Number of policyholders: \_\_\_\_\_

The undersigned hereby swears and affirms under penalty of perjury under the laws of the State of California that the foregoing statements and information are true and correct.

Signature

(Print or type full name and title)

State of \_\_\_\_\_ )  
 )  
County of \_\_\_\_\_ )      ss: \_\_\_\_\_

Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_, Notary Public. My commission expires\_\_\_\_\_